

City of San Antonio
Office of the City Clerk
Vital Records Division

719 S. Santa Rosa Street, San Antonio, Texas 78204 (210) 207-8754
www.sanantonio.gov/clerk



COST

<u>Birth Records</u>	<u>\$23.00 Each</u>	<u># of Copies</u>	<u>Cost</u>
Long Form Certificate (Available for San Antonio Births Only)		_____	_____
State Abstract (Available for most births in Texas from 1926 to present)		_____	_____
<u>Death Records</u> (Available for San Antonio Deaths Only)			
First Copy	\$21.00	_____	_____
Additional Copies	\$ 4.00	_____	_____
Plastic Sheet Covers	\$ 2.00 Each	_____	_____
<u>Postage Cost for Mail-in Requests</u>			
Standard return receipt	\$11.20	_____	_____
Overnight delivery	\$24.25	_____	_____
*Shipping fee is required for all mail orders			<u>Total Cost</u> _____

Make checks or money orders payable to City of San Antonio

INFORMATION ON THE BIRTH OR DEATH RECORD

<u>NAME ON RECORD:</u>		Date of Birth
First Name: _____		or Death: _____ / _____ / _____ Month Day Year
Middle Name: _____		Location of Birth
Last Name: _____		or Death: _____ City/County
Father's Full Name: _____		Gender: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
Mother's Full <i>Maiden</i> Name: _____		

INFORMATION ON THE PERSON APPLYING FOR RECORD

CURRENT GOVERNMENT IDENTIFICATION & PROOF OF RELATIONSHIP ARE REQUIRED

<u>Name:</u> First Name: _____ Last Name: _____ Street Address: _____ City, State, Zip: _____ Telephone Number: _____ Date: _____ Applicant Signature: _____ Form of Identification: _____ Identification Number: _____ Exp. Date: _____ <p style="color: red; font-size: small;">Mail requests must include photocopy of current government identification, payment and proof of relationship. (Applications without photo id or signature will not be processed).</p>	<u>RELATIONSHIP (CHECK ONE)</u> Self: _____ Mother/Father: _____ Spouse: _____ Daughter/Son: _____ Sister/Brother: _____ Grandmother: _____ Grandfather: _____ Guardian/Attorney: _____ <u>REASON FOR PURCHASE (CHECK ONE)</u> Identification: _____ School: _____ Employment: _____ Immigration: _____ Passport: _____ Social Security: _____ Other: _____
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FOR OFFICE USE ONLY

FILE #: _____ SHEET #: _____

Warning: It is a felony to falsify information on this document. The penalty for knowingly making a false statement on this form or for signing a form which contains a false statement is 2 to 10 years imprisonment and a fine of up to \$10,000.
(Health and Safety Code, Chapter 195, Sec. 195.003)